MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/566599

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		2				
5		1				
6		2				
7		2				
8		2				
9		2				
10		(1)				
11		2				
12		2				
13		2				
14		2				
15	1					
16		2				
17		2				
18		(1)				
19		2				
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50						
TOTAL IND.	4					
TOTAL DEP.	33					
TOTAL CLAIMS	37					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (REV. 11/04)